

**MA THESIS/RESEARCH PROPOSAL APPROVAL FORM**

**Department of Sociology and Anthropology, Carleton University**

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**DATE:** \_\_\_\_\_ **Program:** \_\_\_\_\_

**Student:** \_\_\_\_\_ **Student #:** \_\_\_\_\_

**Title of Thesis:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**The MA Thesis/Research proposal requirement has been satisfied.**

**Members of Examining Committee:**

**Supervisor:** \_\_\_\_\_  
(Print) (Signature)

**Members:** \_\_\_\_\_  
(Print) (Signature)

\_\_\_\_\_  
(Print) (Signature)

**Graduate Coordinator:** \_\_\_\_\_  
(Print) (Signature)

**Instructions to the candidate:**

**NB : The completed and approved final version of the MA thesis proposal must be submitted to the Soc-Anth Graduate Administrator within TWO WEEKS of the approved proposal defence.**